

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

15670-052WO1

Box No. I TITLE OF INVENTION

Genome Mapping of Functional DNA Elements and Cellular Proteins

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
1111 Franklin Street
Oakland, CA 94607
United States of America

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purposes of:

☐ all designated
States

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FU, Xiang-Dong
5045 Pearlman Way
San Diego, CA 92130
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box
is marked, do not fill in below)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purposes of:

☐ all designated
States

☐ all designated States except
the United States of America

☒ the United States
of America only

☐ the States indicated in
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☐

agent

☐

common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BAKER, Joseph R., Jr.
Fish & Richardson P.C.
12390 El Camino Real
San Diego, California 92130
United States of America

Telephone No.

(858) 678-5070

Facsimile No.

(858) 678-5099

Teleprinter No.

Applicant's registration No. with the Office
40,900

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
International application No. PCT/US04/021450	Applicant's or agent's file reference 034123-107
International filing date (day/month/year) 02 JULY 2004 (02.07.2004)	(Earliest) Priority date (day/month/year) 03 JULY 2003 (03.07.2003)
Title of invention GENOME MAPPING OF FUNCTIONAL DNA ELEMENTS AND CELLULAR PROTEINS	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) The Regents of the University of California 1111 Franklin Street, 5th Floor Oakland, California 94607-5200 United States of America	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FU, Xiang-Dong 5045 Pearlman Way San Diego, CA 92130 United States of America	
State (that is, country) of nationality: US	State (that is, country) of residence: US
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KWON, Young-Soo 7560 Charmant Drive, #1510 San Diego, CA 92122 United States of America	
State (that is, country) of nationality: KR	State (that is, country) of residence: US

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Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☒ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Baker, Jr., Joseph R.
 Burns Doane Swecker & Mathis, LLP
 402 West Broadway
 Suite 400
 San Diego, CA 92101
 United States of America

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 (619) 446-5600

Facsimile No.
 (619) 446-5620

Teleprinter No.

Agent's registration No. with the Office

☒ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

- The applicant wishes the international preliminary examination to start on the basis of:
☒ the international application as originally filed
 the description ☒ as originally filed
 ☐ as amended under Article 34
 the claims ☒ as originally filed
 ☐ as amended under Article 19 (together with any accompanying statement)
 ☐ as amended under Article 34
 the drawings ☒ as originally filed
 ☐ as amended under Article 34
- ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
- ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
- ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States in which the applicant desires to have the international application examined.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|-------------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) Revocation/Power of Attorney; Postcard | : | 1, 1 sheets |

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Examining Authority use only

received not received

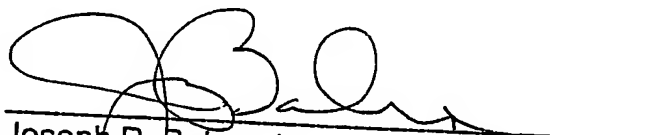
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Joseph R. Baker, Jr.,
Reg. No. 40,900

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received on _____

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CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

<p>International application No. PCT/US04/021450</p> <p>Applicant's or agent's file reference 034123-107</p> <p>Applicant The Regents of the University of California</p>	<p>For International Preliminary Examining Authority use only</p> <p>Date stamp of the IPEA</p>
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CALCULATION OF PRESCRIBED FEES

1. Preliminary examination fee 600.00 P

2. Handling fee (*Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.*) 162.00 H

3. Total of prescribed fees
Add the amounts entered at P and H
and enter total in the TOTAL box

762.00	TOTAL
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MODE OF PAYMENT

<p><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</p> <p><input type="checkbox"/> cheque</p> <p><input type="checkbox"/> postal money order</p> <p><input type="checkbox"/> bank draft</p>	<p><input type="checkbox"/> cash</p> <p><input type="checkbox"/> revenue stamps</p> <p><input type="checkbox"/> coupons</p> <p><input type="checkbox"/> other (specify):</p>
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AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT
(This mode of payment may not be available at all IPEAs)

- ☒ Authorization to charge the total fees indicated above.
- ☒ (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

IPEA/ US

Deposit Account No.: 02-4800

Date: January 31, 2005

Name: Joseph R. Baker, Jr.

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